

To: HAI Advisory Committee
From: Alicia Cole, *Public Reporting Subcommittee*
Date: August 25, 2010

Influenza Site Mock-Up and **Page Flow Sample**

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Flu Vaccine Locator

Find flu clinics near you

Vaccine supplies may be limited. Check availability; call ahead.

Find flu shots near:

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The information contained in the Flu Vaccine Locator is furnished by those providing the vaccine.

[H1N1 – Un Año Después](#)

California Hospital Employee



Influenza Vaccination Rate Report

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- » [CDPH FY 2010-11 May Revision Budget Proposal](#)
- » Read [California Adult Viral Hepatitis Prevention Strategic Plan 2010-2014 \(PDF\)](#)
- » Read [Perspectives on Public Health: Highlights from the California Department of Public Health \(PDF\)](#)
- » Read the [2008 - 2010 Strategic Plan \(PDF\)](#) for the California Department of Public Health
- » Read the [CDPH Audit Reports](#)

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California Hospital Employee Influenza Vaccination/Declination Rates Center



Understanding The Hospital Influenza Vaccination/Declination Rates Data

Patients can use the California Hospital Employee Influenza Vaccination/Declination Rates Information Center to get a clearer picture of the percentages of healthcare professionals in their local hospitals who have received a current Influenza Vaccination. Consumers can view the number of hospital employees electing to decline the recommended annual vaccine and complete the mandatory Declination Statement instead. By using this site, you can learn about symptoms, treatments, risks and processes of care that are known to get the best results for preventing, diagnosing and containing the spread of influenza in most patients.

[2008/2009 California Hospital Employee Influenza Vaccination Rate Report](#)

[Consumer Information Center](#)[Healthcare Practitioner Information Center](#)[Influenza Vaccination Rate Reporting Laws](#)[Influenza Related All Facilities Letters \(AFL\)](#)[History of Vaccination/Declination Rate Data Collection Process](#)[Prevention and Control of Influenza with Vaccines](#)[Guidelines for Infection Control in Health Care Personnel, 1998](#)[Infection Control Guidance for the Prevention and Control of Influenza in Acute-Care Facilities](#)[Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities](#)[Seasonal Flu and Staph Infections](#)[CDPH Immunization Branch](#)[CA Influenza Surveillance Project](#)[CA Hospital-Associated Infections Advisory Committee](#)[Healthcare-Associated Infection \(HAI\) Program](#)

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History of Vaccination/Declination Rate Data Collection

 [Printer-friendly version](#)

Healthcare-Associated Infections (HAIs), are infections that patients can get after having medical or surgical treatments. These infections can happen when needles and tubes are inserted through a person's skin, which is the natural protection against bacteria and other organisms. Insertion of needles and devices provide a pathway for bacteria and other organisms to enter the blood stream and lungs. Patients in the intensive care unit (ICU) have the highest risk of HAIs because of the number of procedures they undergo and the seriousness of their health problems. HAIs can aggravate a patient's illness and lengthen their stay in the hospital. They also can be passed on to other individuals.

The **Guidance on Public Reporting of Healthcare-Associated Infections**, published by the Healthcare Infection Control Practices Advisory Committee in 2005, says that in hospitals alone, HAIs account for an estimated 2 million infections, 90,000 deaths, and \$4.5 billion dollars in extra healthcare costs each year. Hospitals and other healthcare facilities have policies and rules designed to minimize the occurrence of HAIs. Despite this, it is not possible to prevent all HAIs.

In 2004 the Missouri General Assembly passed a law requiring hospitals and ambulatory surgery centers (ASCs) to provide information to the Missouri Department of Health and Senior Services (DHSS) about HAIs in their facilities. Facilities are required to report central line-associated bloodstream (CLAB) infections, specific surgical site infections (SSIs), and ventilator-associated pneumonias (VAPs). The law also requires the DHSS to make this information available to the public.

Hospitals began reporting CLAB infections in July 2005. Each month hospitals report the number of CLAB infections in selected ICUs. Collection of data on SSIs from hospitals and ASCs began in January 2006. Reporting on VAPs has yet to begin. The DHSS and its advisory panel are researching the kind of data related to VAPs that would be both reliable and useful.

Facilities report CLAB infections by the type of ICU involved (medical/surgical, coronary, medical, surgical, pediatric, neonatal). Reporting by ICU allows for a fairer comparison between hospitals. It takes into account differences in the type of patients ICUs treat and the different risks for infection. SSIs are reported by procedure and the infection rates are adjusted to take into account differences in patient risk for infection due to factors such as the length of the surgery, the type of surgical wound for that procedure, and the patient's physical condition. Surgical procedures selected for SSI reporting are serious, are performed in a variety of facilities, and tend to be associated with HAIs. These procedures include abdominal hysterectomy, coronary artery bypass and hip repair procedures performed in hospitals, and breast and hernia procedures performed in ASCs.

This new information about HAIs gives consumers access to important information about healthcare facilities in their area and across the state. Of course this information should be only one of the pieces of information a consumer uses to choose a healthcare facility. Consumers should consider the experience of the facility staff, the advice of their physician, and all other factors that are unique to his or her situation, in addition to the infection data reported on this website. Facilities vary in the types of patients they treat, and a facility that treats severely ill patients will naturally be at higher risk for HAIs. We have used procedures recommended by the Centers for Disease Control and Prevention (CDC) to adjust the infection rates so consumers can get an even picture among facilities. However, when reviewing the numbers people should keep in mind that these procedures are not perfect. Also, viewers should note any comments and/or explanations provided by a facility regarding its data.

Get the flu toolkit
for businesses
and employers



www.flu.gov

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California Hospital Employee Influenza Vaccination/Declination Rate Center

Consumer Information Center

General Flu Education Links:

<http://www.influenza.com/>
<http://www.webmd.com/cold-and-flu/tc/influenza-symptoms>
<http://www.mayoclinic.com/health/influenza/DS00081>
<http://www.cdc.gov/flu/weekly/>
<http://http://www.cdc.gov/vaccines/ed/patient-ed.htm>
http://www.cc.nih.gov/ccc/patient_education/infection_control.html
[/www.cdc.gov/flu/about/disease/index.htm](http://www.cdc.gov/flu/about/disease/index.htm)

CDPH Influenza Links:

<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza%28Flu%29.aspx>
<http://www.cdph.ca.gov/Pages/NR10-002.aspx>
<http://www.cdph.ca.gov/Pages/InformationalFactSheetonFluPrevention.aspx>
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/H1N1Spanish.aspx>

Immunization Laws & Regulations

<http://www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLawandRegulations.aspx>

Prevention / Protection / Care:

<http://www.cdc.gov/flu/about/qa/fluastaph.htm>
<http://www.cdc.gov/flu/protect/preventing.htm>
<http://www.cdc.gov/flu/homecare/index.htm>

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HOSPITAL
INFECTION RATE
PUBLIC REPORTING



*How does
California Rate?*

2008 - 2009
Influenza
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National Influenza Vaccination Week



National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond. The 2010-2011 season's NIVW is scheduled for **December 5–11, 2010**.

Flu Facts

What is the flu?

- The flu is a respiratory illness that can spread from person to person.
- Most people have some natural protection from the flu.
- A vaccine is available during the flu season to prevent you from getting the flu.

What is the "Bird Flu"?

- The bird flu is also called the "Avian Flu" or the "H5N1 virus" .
- The bird flu is caused by a flu virus that may occur naturally among wild birds .
- This flu will cause death to birds and can spread from birds to people.
- There is no human protection.
- There is no vaccine available.
- There has been NO documented person to person transmission.

What is the "Pandemic Flu"?

- Pandemic is another word for a "deadly disease" .
- The pandemic flu is a very powerful human flu that can cause a worldwide. outbreak of serious illness and even death.
- This disease can spread easily from person to person because there is very. little natural protection
- There is NO pandemic flu at this time!

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California Hospital Employee Influenza Vaccination/Declination Rate Center Health Care Practitioner Information Center

The pages listed below offer public health and healthcare professionals key information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza.

NOTE: [On August 5, 2010, the Advisory Committee on Immunization Practices issued recommendations on the use of CSL vaccine for the 2010-2011 influenza season.](#)

NOTE: [On July 29, 2010, CDC issued Recommendations for the Prevention and Control of Influenza with Vaccines. This page will be updated to reflect these recommendations.](#)

<http://www.cdc.gov/flu/professionals/index.htm>

<http://www.cdph.ca.gov/programs/vrdl/Pages/CaliforniaSentinelProviderProgram.aspx>

Other Resources

- [Infection Control](#) Guidelines for various settings, respiratory hygiene/cough etiquette...
- [National Influenza Vaccination Week \(NIVW\)](#) Designed to raise awareness of the importance of continuing flu vaccination
- [Flu Activity and Surveillance](#) Current & past flu activity...



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Prevention and Control of Influenza with Vaccines



Recommendations of the Advisory Committee on Immunization Practices (ACIP)

Early Release

July 29, 2010

In the United States, annual epidemics of influenza occur typically during the late fall through early spring.

Influenza viruses can cause disease among persons in any age group, but rates of infection are highest among children. During these annual epidemics, rates of serious illness and death are highest among persons aged 65 years and older, children aged 2 and under, and persons of any age who have medical conditions that place them at increased risk for complications from influenza. Influenza epidemics were associated with estimated annual averages of approximately 36,000 deaths during 1990--1999 and approximately 226,000 hospitalizations during 1979--2001.

Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. The committee recommends annual vaccination with the most up-to-date strains predicted on the basis of viral surveillance data.

The 2010 influenza recommendations include new and updated information. Among them, a recommendation that annual vaccination be administered to all persons aged 6 months and up for the 2010--11 influenza season.

To view the Advisory Committee on Immunization Practices full report click on the link below:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_e



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Guidelines for Infection Control in Health Care Personnel, 1998

This guideline updates and replaces the previous edition of the Centers for Disease Control and Prevention (CDC) "Guideline for Infection Control in Hospital Personnel," published in 1983. The revised guideline, designed to provide methods for reducing the transmission of infections from patients to health care personnel and from personnel to patients, also provides an overview of the evidence for recommendations considered prudent by consensus of the Hospital Infection Control Practices Advisory Committee members.



For more information or to read the full guidelines, click the link below:

<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf>

Healthcare Practitioner Information Center
 Influenza Vaccination Rate Reporting Laws
 Influenza Related All Facilities Letters (AFL)

CDPH Immunization Branch
 CA Influenza Surveillance Project
 CA Hospital-Associated Infections Advisory Committee
 History of Vaccination/Declination Rate Data Collection

Customizable Flu Prevention Materials

These flu prevention materials can be customized to include your agency's logo and contact information.

[What is the Flu? \(PDF\)](#) .. [Spanish](#) .. [Chamorro](#) .. [Chinese](#) .. [Hmong](#) .. [Korean](#) .. [Tongan](#) .. [Vietnamese](#)

[Prevent the Flu \(PDF\)](#) .. [Spanish](#) .. [Chamorro](#) .. [Chinese](#) .. [Hmong](#) .. [Korean](#) .. [Tongan](#) .. [Vietnamese](#)


[Taking Care of Someone with the Flu \(PDF\)](#) .. [Spanish](#) .. [Chamorro](#) .. [Chinese](#) .. [Hmong](#) .. [Korean](#) .. [Tongan](#) .. [Vietnamese](#)

[Flu Facts \(PDF\)](#) ... [Spanish](#) .. [Chamorro](#) .. [Chinese](#) .. [Hmong](#) .. [Korean](#) .. [Tongan](#) .. [Vietnamese](#)

For Word versions of these documents, please contact the California Department of Public Health (CDPH) [Office of Public Affairs](#).

For Word versions of these documents, please contact the California Department of Public Health (CDPH) [Office of Public Affairs](#).

California
Hospital Employee



**Influenza
 Vaccination Rate
 Report**

Infection Control Guidance for the Prevention and Control of Influenza in Acute-Care Facilities



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Introduction

Influenza is a contagious respiratory disease that may require outpatient health care visits or hospitalization. During the influenza season, outbreaks of healthcare-associated influenza affect both patients and personnel in long-term care facilities and hospitals. Influenza vaccination of both health care personnel and patients combined with basic infection control practices can help prevent outbreaks. This document provides general guidance for prevention and control of influenza transmission in acute care facilities. Links to recommendations for the 2007-08 influenza season are provided.

Transmission

Influenza is primarily transmitted from person-to-person via large virus-laden droplets that are generated when infected persons cough or sneeze; these large droplets can then settle on the mucosal surfaces of the upper respiratory tracts of susceptible persons who are near (e.g., within about 6 feet) infected persons. Three feet has often been used by infection control professionals to define close contact and is based on studies of respiratory infections; however, for practical purposes, this distance may range up to 6 feet. The World Health Organization defines close contact as “approximately 1 meter”; the U.S. Occupational Safety and Health Administration uses “within 6 feet.” For consistency with these estimates, this document defines close contact as a distance of up to approximately 6 feet. Transmission may also occur through direct contact or indirect contact with respiratory secretions such as when touching surfaces contaminated with influenza virus and then touching the eyes, nose or mouth. Adults may be able to spread influenza to others from 1 day before getting symptoms to approximately 5 days after symptoms start. Children and people with weakened immune systems may be infectious and able to spread influenza to others for 10 or more days after symptoms begin.

Prevention and Control Measures

Strategies for the prevention and control of influenza in acute care facilities include the following: annual influenza vaccination of all eligible patients and health care personnel, implementation of Standard and Droplet Precautions for infected individuals, active surveillance and influenza testing for new illness cases, restriction of ill visitors and personnel, rapid administration of influenza antiviral medications for treatment and prevention during outbreaks, and Respiratory Hygiene/Cough Etiquette.

Vaccination

All health care personnel and persons at high risk for serious complications of influenza should receive annual influenza vaccination according to [current national recommendations](#).

To review the full report click on the link below:

<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm>

¡Lávese las manos!



www.cdc.gov/h1n1flu/espanol

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Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities

Influenza is a contagious respiratory disease that can cause substantial illness and death among long-term care facility residents and illness among personnel in long-term care facilities. Influenza vaccination of health care personnel and long-term care facility residents combined with basic infection control practices can help prevent transmission of influenza. Every effort should be made to ensure compliance with influenza vaccination recommendations each season. However, because influenza outbreaks can still occur among highly vaccinated long-term care residents, long-term care facility personnel should be prepared to monitor personnel and residents each year for influenza and promptly initiate measures to control the spread of influenza within facilities when outbreaks are detected. This document provides general guidance for prevention and control of influenza transmission in long-term care facilities.

Prevention and Control Measures

Strategies for the prevention and control of influenza in long-term care facilities include the following:

- Annual influenza vaccination of all residents and health care personnel,
- Implementation of Standard and Droplet Precautions when a person is suspected or confirmed to have influenza,
- Active surveillance and influenza testing for new illness cases,
- Restriction of ill visitors and personnel from entering the facility,
- Administration of influenza antiviral medications for prophylaxis and treatment when influenza is detected in the facility, and
- Other prevention strategies, such as respiratory hygiene/cough etiquette programs.



Vaccination

Health care personnel (e.g., all paid and unpaid workers who have contact with residents and visitors, including volunteer workers) and persons at high risk for complications from influenza, including all residents of long-term care facilities, are recommended to receive annual influenza vaccination according to [current national recommendations](#). The National Healthy People 2010 goal for annual influenza vaccination coverage of residents of all long-term care facilities is 90%.

- Vaccination is the primary measure to prevent influenza, limit transmission, and prevent complications from influenza in long-term care facilities.
- Vaccination of 65 years and older does not prevent 100% of influenza infection, but can reduce serious complications from influenza in this population.
- Vaccination rates of 80% and higher among residents have been shown to decrease influenza outbreaks in long-term care facilities.
- Inactivated influenza vaccine or live attenuated influenza vaccine may be used to vaccinate most health care personnel.

To review the full report click on the link below:

<http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>

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Seasonal Flu and Staph Infections

Bacterial infections can occur as co-infections with influenza or occur following influenza infection. In 2006-2007, CDC noted an increase in flu and *Staphylococcus aureus* (*S. aureus*) co-infections among children who had died or were hospitalized with influenza infection. Some of those infections were with methicillin-resistant *S. aureus* (MRSA). CDC is working with state and local public health authorities to monitor and investigate flu-*S. aureus* co-infections, including pneumonias and other types of *S. aureus* infections.

On January 30, 2008 CDC issued a Health Advisory on [Influenza-Associated Pediatric Mortality and *Staphylococcus aureus* co-infection](#).

For more information about flu and staph infections visit [Seasonal Flu and Staph Infection](#).

For more information about MRSA visit [National MRSA Education Initiative: Preventing MRSA Skin Infections](#).

Source: <http://www.cdc.gov/flu/professionals/flustaph.htm>

<http://www.nlm.nih.gov/medlineplus/ency/article/007261.htm>

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Flu Vaccine Locator Find flu clinics near you

Vaccine supplies may be limited. Check availability; call ahead.

Find flu shots near:

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California
Hospital Employee

A photograph of four healthcare workers (three women and one man) in blue scrubs, standing together and smiling.

Influenza
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the
Flu
I.Q.

Think you know all there is to know about the flu? Answer ten easy questions, then share the Flu IQ!

start

share

CDC

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CDPH Influenza Related All Facilities Letters (AFL)

Information to explain what an AFL is and who issues it. Brief explanation of the AFLs sent out in regard to Influenza.

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-33.pdf>

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-33Attachment.pdf>

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-17.pdf>

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-09-07.pdf>

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-09-05.pdf>

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-09-01.pdf>

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-09-16.pdf>

[http://www.cdph.ca.gov/certlic/facilities/Documents/CDPH Swine Flu Influenza Infection Control Recommendations.pdf](http://www.cdph.ca.gov/certlic/facilities/Documents/CDPH_Swine_Flu_Influenza_Infection_Control_Recommendations.pdf)


<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-09-17.pdf>

[http://www.cdph.ca.gov/certlic/facilities/Documents/CDPH Swine Influenza Virus QA LTC.pdf](http://www.cdph.ca.gov/certlic/facilities/Documents/CDPH_Swine_Influenza_Virus_QA_LTC.pdf)

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-09-20Attach.pdf>



**California
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California Hospital Employee - Influenza Vaccination Rate Reporting

Public Comments

Enter Comments (Must be less than 100 words):
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Flu Vaccine Locator

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Check availability; call ahead.

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Licensing & Certification

Health care facilities in California are licensed, regulated, inspected, and/or certified by a number of public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification Program (L&C) and the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). These agencies have separate -- yet sometimes overlapping -- jurisdictions. L&C is responsible for ensuring health care facilities comply with state laws and regulations. In addition, L&C cooperates with CMS to ensure that facilities accepting Medicare and Medi-Cal (in California, Medicaid is referred to as Medi-Cal) payments meet federal requirements. L&C also oversees the certification of nurse assistants, home health aides, hemodialysis technicians, and the licensing of nursing home administrators.

CDPH offices will be closed [three Fridays per month January 2010 through June 2010](#) due to the Governor's furlough orders.

News and Updates

- [Southwest Healthcare System - Federal and State Actions](#)
- [H1N1 Information and Forms](#)

Program Information

- [Contact Licensing and Certification](#)
- [Welcome from Kathleen Billingsley, R.N.](#)
- [About the Licensing and Certification Program](#)

Organization

- [L&C Organization Chart \(PDF, New Window\)](#)
- [Central Applications Unit \(CAU\)](#)
- [Professional Certification Branch \(PCB\)](#)

Publications and Reports

- [All Licensing & Certification Related Forms \(PDF, New Window\)](#)
- [All Facility Letters \(AFL's\)](#)
- [CMS Survey and Certification Memos](#)
- [Health Facility License Fees Annual Reports](#)
- [AB 1629 Legislative Report: January 2009 \(PDF, New Window\)](#)
- [Health Facility Licensing and Renewal Fees \(PDF, New Window\)](#)
- [Nursing Home Administrator Program Annual Work Plan, Fiscal Year 2010-2011](#)

For Health Care Workers

- [Aides and Technician Forms](#)
- [Aide and Technician Certification Information](#)
- [Nursing Home Administrators](#)

For Health Care Providers

- [Health Care Facility Licensure and Certification Forms](#)
- [CMS Minimum Data Set \(MDS 3.0\) Information](#)
- [CMS Outcome and Assessment Information Set \(OASIS\) Information](#)
- [On-Time Quality Improvement Pilot Project](#)
- [Nurse-to-Patient Staffing Ratios](#)
- [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(PDF, New Window\)](#)
- [H1N1 Information and Forms](#)

For Consumers

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FAQs

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Job Opportunities

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Healthcare Associated Infections (HAI) Program - Windows Internet Explorer

http://cdphinternet/programs/hai/Pages/default.aspx

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Healthcare Associated Infections (HAI) Program

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Healthcare Associated Infections (HAI) Program

The Healthcare Associated Infections (HAI) Program is one of three programs in the [Center for Healthcare Quality](#) of the [California Department of Public Health](#). The Program is responsible for the surveillance and prevention of infections in California's general acute care hospitals as mandated by Senate Bills 739, 1058, and 158. The Program was authorized in December 2009.

HAI's are the most common complication of hospital care and are listed among the top ten leading causes of death in the United States. It is estimated that each year there are more than 240,000 infections, 13,500 deaths, and \$3.1 billion dollars in excess healthcare costs in acute care hospitals alone. Based on this data it is estimated that approximately 240,000 patients develop infections in California hospitals each year at an annual cost of about \$600 million.

With the assistance of a grant from the American Recovery and Reimbursement Act (ARRA) of 2009, Program staff are actively involved in assisting hospitals in infection surveillance, prevention and reporting procedures. The HAI Program is advised by a committee of healthcare professionals and public advocates from throughout California who recommend methods for publicly reporting cases of hospital acquired infections and process measures for preventing the spread of HAI's based on national guidelines.

Program Information

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Healthcare-Associated Infection Advisory Committee (HAI AC)

The Healthcare-Associated Infection Advisory Committee (HAI AC) is a legislatively mandated advisory committee charged with making recommendations to the California Department of Public Health (CDPH) on the prevention of healthcare-associated infections. The Committee was created by Senate Bill 739, Chapter 526, Statutes of 2006 and appointed by the department on July 1, 2007.

Per Health and Safety Code Section 1288.5, the Advisory Committee "shall make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, and shall make recommendations on the use of national guidelines and the public reporting of process measures for preventing the spread of HAI that are reported to the department pursuant to subdivision (b) of Section 1288.8. The Committee includes persons with expertise in the surveillance, prevention, and control of hospital-acquired infections, including department staff, local health department officials, health care infection control professionals, hospital administration professionals, health care providers, health care consumers, physicians with expertise in infectious disease and hospital epidemiology, and integrated health care systems experts or representatives."

The first 2010 meeting of the Advisory Committee will be held May 27th in Sacramento. The agenda and directions for participation are posted below. Persons who wish to contact the committee may e-mail infectioncontrol@cdph.ca.gov or call (510) 412-6060.

HAI Advisory Committee Meeting Agenda 2010-2011

- [HAI-AC Agenda for May 27, 2010 \(PDF, New Window\)](#)

CDPH Healthcare-Associated Infections Plan

- [HAI Plan \(PDF, New Window\)](#)

HAI Advisory Committee Meetings 2009

- [Meeting Minutes 01/12/2009](#)

New AFLs

- [AFL 10-07 \(PDF, New Window\)](#)
- [AFL 09-29 \(PDF, New Window\)](#)
- [AFL 09-07 \(PDF, New Window\)](#)
- [AFL 09-01 \(PDF, New Window\)](#)

HAI Advisory Committee Members

- [Committee Members \(PDF, New Window\)](#)

Past HAI Advisory Committee Meetings

- [11/08 Meeting and Conference Calls](#)
- [10/09/08 Conference Call](#)
- [9/18/08 in Sacramento](#)
- [7/31/08 in San Diego](#)
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Archives

- [AFL Archives page](#)
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Data

"Data" provides access to public health data and information, such as queries, resources, statistics, surveys, informatics, GIS, and health indicators.

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Query selected data resources using interactive tools

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Conducted or Co-sponsored by CDPH

California Hospital Employee



Influenza Vaccination Rate Report



How Does Your Hospital



See how your local hospital is doing at implementing best practices and preventing Hospital-Acquired Infections.

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CDPH LAUNCHES LATEST CAMPAIGN TO URGE CALIFORNIANS TO GET FLU VACCINE

Date: 1/7/2010

Number: 10-002

Contact: Al Lundeen - (916) 440-7259

SACRAMENTO

The Golden State's top health leader announced today that a priority for the California Department of Public Health (CDPH) in the New Year is to get as many Californians as possible vaccinated for both the H1N1 and seasonal flu.

To achieve the goal, Dr. Mark Horton said the Department will launch an extensive outreach campaign beginning with a television public service announcement (PSA) this week, followed by an opportunity for radio stations throughout the state to host live interviews with CDPH experts about the importance of vaccination during National Influenza Vaccination Week (January 11 – 17). In addition, three radio PSAs targeting teens and their parents will air during Preteen Vaccine Week (January 17-23).

"Millions of Californians remain susceptible to the H1N1 virus," Horton said. "And because seasonal flu typically ramps up this time of year and remains a threat, we're reminding everyone how critical it is to be protected against these flu viruses. We strongly recommend that all Californians get both the H1N1 and seasonal flu vaccines, which are now available to the general public in most areas."

Created by the U.S. Centers for Disease Control and Prevention (CDC), the television PSA, "I never get the flu," was developed from common excuses for not getting vaccinated: "I never get the flu;" "I'm pregnant;" "My asthma's under control;" "The media is exaggerating;" and, "My kids are too old to get the flu," are among the many excuses highlighted in the 30- and 60-second spots.

Corresponding with National Influenza Vaccination Week, radio stations will be provided an opportunity to interview the state's leading public health physicians. The interviews will stress the importance of vaccination, clear up any fears or myths, and direct people to vaccination locations in their communities.

During Preteen Vaccination Week, three radio PSAs will air on stations throughout the state. English and Spanish PSAs created by CDPH target parents of preteens, while a vaccine rap PSA produced by the [California Immunization Coalition](#) targets preteens directly.

In addition to getting vaccinated, CDPH recommends everyone help prevent the spread of the flu by:

- Staying home if you are sick;
- Washing your hands often. Carry hand sanitizer with you and use it when you are not able to wash your hands. Avoid touching your eyes, nose or mouth; and
- Covering your coughs and sneezes with your sleeve or a tissue.

CDPH reports the H1N1 flu is still widespread throughout parts of the state. To date, 8075 Californians have been hospitalized with H1N1, and 461 have died.

For more information on H1N1 vaccine availability check [CDPH's Web site](#) and use the flu vaccine locator.

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The California Influenza Surveillance Project (CISP) Viral and Rickettsial Disease Laboratory (VRDL)

- [California Influenza Surveillance Summary](#) (PDF) UPDATED ON 08/06/10
- [California Sentinel Provider Homepage](#)
- [Immunization Branch - Influenza Vaccine Updates](#)

The California Influenza Surveillance Project (CISP), a collaborative effort between the California Department of Public Health (CDPH) Division of Communicable Disease Control (DCDC), the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, was initiated in 1998 to augment existing influenza surveillance efforts. Influenza surveillance in California is particularly important due to its coastal location with several ports of entry for flights and shipping from Asia. Annual influenza epidemics follow a winter seasonal pattern in the United States with typical activity peaking during late December to early February. CISP obtains and analyzes hospital, pharmacy and laboratory data year-round in an effort to determine the timing and impact of influenza activity and to determine how well circulating strains of the virus match those used in the current influenza vaccines.

Active surveillance during the influenza season includes data on Kaiser inpatient admission diagnoses, Kaiser outpatient pharmacy prescriptions for antivirals, outpatient influenza-like illnesses from sentinel physicians, and respiratory virus isolations and detections. Each surveillance method is described more fully below.

Kaiser Inpatient Data

The Kaiser healthcare system provides medical care throughout the state to over one sixth of California residents. Thus, it is reasonable to assume that influenza activity among Kaiser patients reflects the influenza activity for the entire state. Inpatient discharge diagnoses of "pneumonia" and "influenza" (ICD-9 480-487) have been used to examine influenza trends in California; however, these data cannot be obtained in real time. In contrast, inpatient admission diagnoses are entered daily by text string and can be accessed the following day. For the purposes of this project, the admission diagnoses of flu, pneumonia, and influenza ("flu admits") serve as surrogate markers for the more accurate discharge diagnoses. Influenza activity is tracked by dividing the number of flu admits by the total number of hospital admissions for the same day, thereby obtaining a percentage of influenza admissions. Admissions for pregnancy, labor and delivery, birth, and outpatient procedures are excluded from the denominator.

Kaiser Pharmacy Data

The number of prescriptions for drugs active against influenza, such as amantadine, rimantadine, zanamivir and oseltamivir, also serve as indicators of influenza activity. This component of the project assesses the number of influenza antiviral prescriptions filled weekly by all Kaiser outpatient pharmacies in California.

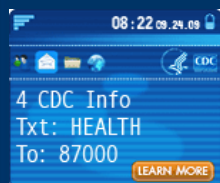
Sentinel Physicians

Sentinel providers (physicians, nurse practitioners, and physician assistants) situated throughout California report the number of outpatient visits for influenza-like illness and the total number of visits per week. This data is reported weekly as a percentage of total visits. California, through an intensive recruitment campaign, has increased the sentinel provider enrollment dramatically over the past few years, but has still not attained the CDC goal of 1 sentinel provider per 250,000 population.

Virus Isolation Data and Characterization

This component of the project involves use of data from hospital, academic, private and public health laboratories located throughout California. These laboratories report the number of laboratory-confirmed influenza and other respiratory virus detections and isolations on a weekly basis. A fraction of the influenza viruses isolated at participating laboratories are forwarded to VRDL for further antigenic and genetic characterization. Complete antigenic characterization enables detection of new strain variants and provides a method for monitoring how well circulating influenza strains match those used in the current influenza vaccines. In addition, sentinel physicians located throughout California submit specimens from patients with influenza-like illnesses for respiratory virus isolation at VRDL.

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Legal & Regulatory

Click the links below to find information on these state immunization laws.

[Hospital Influenza Law](#)
[Immunization Registry Law](#)
[Thimerosal \(Mercury\) Law](#)
[School Immunization Law](#)

California Hospital Influenza Law

With the chaptering of SB 739, the California Health and Safety Code will read effective January 1, 2007.

1288.7. By July 1, 2007, the department shall require that each general acute care hospital, in accordance with the Centers for Disease Control guidelines, take all of the following actions:

- (a) Annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each general acute care hospital shall require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.
- (b) Institute respiratory hygiene and cough etiquette protocols, develop and implement procedures for the isolation of patients with influenza, and adopt a seasonal influenza plan.
- (c) Revise an existing or develop a new disaster plan that includes a pandemic influenza component. The plan shall also document any actual or recommended collaboration with local, regional, and state public health agencies or officials in the event of an influenza pandemic.

For the text of the entire bill, see http://www.loginfo.ca.gov/pub/05-06/bill/sen/sb_0701-0750/sb_739_bill_20060928_chaptered.html

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California Sentinel Provider Program

- [Interested in becoming a sentinel provider?](#)
- [Resources for current sentinel providers](#)

The California Sentinel Provider Influenza Surveillance Program is a partnership between clinicians, local health departments (LHDs), the California Department of Health Services (CDPH), and the federal Centers for Disease Control and Prevention (CDC) to conduct surveillance for influenza-like illness (ILI). Since its inception in 1998, the program has been contributing valuable information to state, national, and global influenza surveillance efforts.

The information collected by California sentinel providers is combined with other influenza surveillance data on influenza-related hospitalizations, antiviral usage, severe pediatric influenza cases and positive laboratory detections from collaborating hospital, academic and public health laboratories throughout the state to monitor the timing, location, and impact of influenza viruses year-round.

Influenza-like Illness Surveillance

Sentinel Providers report the number of patients seen with ILI in five age categories (0-4 years, 5-24 years, 25-49 years, 50-64 years, >64 years) and the total number of patients seen for any reason. Reports are submitted on a weekly basis to the CDC by internet or fax.

Case definition for Influenza-like Illness

- Any illness with fever (>100F or 37.8C) - temperature can be from measurement in the office or at home. **AND**
- Cough and/or sore throat (in the absence of a known cause)

Compling and reporting data usually takes less than 30 minutes per week. Participating sentinel providers receive weekly updates on state and national influenza activity. Weekly updates of California influenza activity can also be accessed on the website for the [California Influenza Surveillance Project](#).

Why volunteer for the Sentinel Provider Surveillance Program?

Seasonal influenza is a significant cause of illness and death in California each year. Influenza viruses are constantly evolving and routine surveillance improves our ability to monitor the circulation of influenza virus strains in the community. Surveillance for influenza aids with the detection of new subtypes and emerging strains of influenza viruses. With the circulation of the 2009 H1N1 influenza virus, and increased activity levels of influenza-like-illness (ILI), your participation in surveillance is more important now than ever.

Who can be an Influenza Sentinel Provider?

Physicians, physician assistants, and nurse practitioners from any specialty and any practice type are invited to enroll.

How do I enroll in the program?

Fill out the Sentinel Provider Enrollment Form and return it to Maria Nevarez by:

fax to 510-620-5896

mail to 850 Marina Bay Parkway, Bldg P - Second Floor, Richmond, CA 94804

Questions?

For more information about enrolling in the Sentinel Provider Program, contact Maria Nevarez at maria.nevarez@cdph.ca.gov or 510-620-5848. For questions regarding specimen submission and avaiabel testing, please contact Katharine King at 510-307-8585 or flu@cdph.ca.gov.

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IMMUNIZATION BRANCH

Immunizations for a lifetime of health

**Me & My
Family****Health Care
Professionals****Schools &
Childcare****Policy Makers
& the Media**

Immunizations For Health Professionals

This section contains information aimed at health care providers, public health employees, and other health workers.

Schedules and Recommendations

[Schedules/Recommendations](#)

Keep up with the latest immunization schedules for all populations.

[CDC Updates Provider Q & As about the Return to the Hib "Booster" Dose](#)

The Q & As are titled, "Hib Vaccine--Q & A for Providers about the Return to the Hib 'Booster' Dose" and answer several clinical questions.

Legal

[Legal & Regulatory](#)

Information about state laws governing immunizations. Includes information on thimerosal, the immunization registry, and hospital influenza law.

[Yellow Fever Stamp Applications](#)

The program will not be accepting new applications. Please check in April 2010 to see when the program will be accepting new applicants.

Programs

[Vaccines for Children \(VFC\) Program](#)

Information on California's VFC Program and memoranda sent to VFC providers.

[Immunization Registry](#)

Learn more about California's Statewide Immunization Information System (SIIS).

Trainings and Events

[Immunization Training Opportunities](#)

Links to events for immunization education and webcasts.

[EZ-IZ Online Training](#)

This training consists of interactive lessons, job aids, video demonstrations and more.

[Travel Schedule for Immunization Updates](#)

Sandra Jo's travel schedule for immunization trainings.

News

Regular bimonthly Immunization Branch updates.

[Update Archive](#)

Past issues of the Update.

[Vaccines for Children News](#)

Find out what is happening with VFC in California

Vaccine Info

[Vaccine Information Statements](#)

Links to the latest VISes in several languages on the Immunization Action Coalition website.

[Vaccine Storage and Handling](#)

Tips and materials to promote effective handling and storage of vaccine.

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This is just an example of what can be done **easily** and **inexpensively** with the existing CDPH Website.

All comments and suggestions welcome.

Thank you.

Alicia Cole

Consumer Advocate



Alliance for Safety Awareness for Patients